

Case Number:	CM15-0178592		
Date Assigned:	09/18/2015	Date of Injury:	09/08/2010
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female who sustained an industrial injury September 8, 2010. Past history included lumbar spine surgery and removal of failed spinal cord stimulator August 4, 2015. According to a primary treating orthopedic physician's progress report, dated August 18, 2015, the injured worker presented for her initial post-operative evaluation. She reports continued mid to lower back pain with numbness down the bilateral lower extremities. She has difficulty with dressing, grooming, walking, shopping, cooking, housework, and doing laundry. Current medication included Allopurinol, Effexor, Estradiol, Etodolac, Lamotrigine, Medroxyprogesterone, Norco, Requip, Seroquel, and Valium. Physical examination revealed; well healed thoracic spine incision and left buttock incision, no signs of infection. The physician has a discussion with the injured worker regarding her history of reactive depression which correlates with her chronic pain syndrome. She has admitted herself as a 51-50 due to difficulties in tolerating pain (unspecified date). She has contracted with the physician that she will go to an emergency room and or contact 911 if her feelings of depression and anxiety become overwhelming. Diagnoses are status post spinal cord stimulator and pulse generator placement August 23, 2013; L4-5 disc herniation; status post L4-5 microdiscectomy May 3, 2011; L3-S1 facet arthropathy, confirmed by facet blocks but failed RFA (radiofrequency ablation); L3-4 and L4-5 disc degeneration; status post removal of spinal cord stimulator and pulse generator August 4, 2015. Treatment plan included a follow-up in 4-6 weeks for consideration of post-operative physical therapy, and at issue, a request for authorization for a psychiatric evaluation and treatment. According to utilization review dated September 4, 2015, the request for psychiatric

evaluation and treatment has been modified to a psychiatric evaluation-consultation is certified and psychiatric treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible". The injured worker has been diagnosed with depression and anxiety secondary to chronic pain and has been prescribed psychotropic medications including Valium, Seroquel, Lamotrigine and Effexor by the primary treating physician. It is to be noted that the UR physician authorized a Psychiatric evaluation, the results of which are unavailable. It is not clear if has been completed yet. The request for further psychiatric treatment depends on the results of the initial consultation and recommendations of the consulting psychiatrist. The request is not medically necessary at this time.